

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2009 SEP -3 PM 3:29

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Concerned Citizens of Ankeny

IMPORTANT: Indicate by # type of committee you are reporting for: 10

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

**FORM  
DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Bruce J. ...  
SIGNATURE OF PERSON FILING REPORT

515-669-2625  
TELEPHONE

9-3-9  
DATE SIGNED

I AM FILING A September 3, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

9-8-9

County & Local Committees, enter County in  
which Election is held

Polk

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3409.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3254.31

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$

154.69

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

1612.54

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8-18-9	ID# CK#	JOHN DOTSETT VOIGT 322 SE 10th St Ankeny, IA 50021		\$500.00	<input type="checkbox"/>
8-26-9	ID# CK#	DENNY ELWELL 2401 SE Tones Dr Ankeny, IA 50021		1200.00	<input type="checkbox"/>
8-28-9	ID# CK#	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023		909.00	<input type="checkbox"/>
8-31-9	ID# CK#	BOB TETTEL 1901 NW 110th Ankeny, IA 50023		200.00	<input type="checkbox"/>
8-31-9	ID# CK#	Jay Matthews 6905 NW 6th Dr Saylor Twp		500.00	<input type="checkbox"/>
9-2-9	ID# CK#	Gardner Properties Po Box 107 Elkhart IA 50075		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$3409.00

TOTAL (if last page of this schedule)

\$3409.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
--------------------------------------	--------------------------

☐ CHECK THIS BOX IF  
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-18-9	ID# CK# 1000	Pat Cahill 933 SE 4th St. Ankum, IA 50021	Campaign Contribution	\$250.00
8-21-9	ID# CK# 1001	The COPY SHOP 225 SE Oralabor Rd. Ankum, IA 50021	White Yard Signs	173.31
8-26-9	ID# CK# 1002	SIGNCO 1208 E 20th Ct DES MOINES, IA	BIG SIGNS	1166.00
8-27-9	ID# CK# 1003	Ankum Press Citizen 106 E 1st Street Ankum, IA 50021	NEWSPAPER ADS FOR 9-1-9, 9-3-9, 9-4-9	909.00
8-31-9	ID# CK# 1004	Ankum Press Citizen 106 E 1st Street Ankum, IA 50021	NEWSPAPER AD FOR 9-8-9	425.00
9-1-9	ID# CK# 1005	SIGNCO 1208 E 20th Ct DES MOINES, IA	"NO" Yard SIGNS	331.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$3254.31
TOTAL (if last page of this schedule)				\$3254.31

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
8-7-9	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023	SIGN Purchase For Concerned Citizens of Ankeny	\$ 321.18
8-13-9	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023	SIGN PURCHASE FOR CONCERNED CITIZENS OF ANKENY	321.18
8-18-9	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023	Paper, Rubber Stamp, etc.	100.00
8-18-9	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023	Purchase of Text Number on Internet	134.00
8-26-9	Brad Huss 2009 NW Pleasant St. Ankeny, IA 50023	SIGN PURCHASE FOR CONCERNED CITIZENS OF ANKENY	321.18
9-3-9	After Images Inc. 121 SE Shurfine Dr. #5 Ankeny, IA 50021-5425	"NO" Buttons	415.00
SUB-TOTAL			\$ 1612.54
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1612.54

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.